



**CALIFORNIA STATE UNIVERSITY, LOS ANGELES
REQUEST TO SERVE ALCOHOLIC BEVERAGES**

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Application must be submitted to the Associate Vice President for Administration and Finance (AVPAF) in the Administration building, Room 307 for approval at least ten (10) working days prior to the event's date. In order to expedite the process, please answer all questions and print clearly.

1. Type of Organization

On-Campus Organization Off-Campus Organization Individual Student Faculty Staff

2. Organization/Individual Holding Event

Organization Name: _____

Nature of Organization (Social, Athletic, Academic, etc.): _____

Contact Person: _____

Department: _____

Telephone No.: _____ Facsimile No.: _____

Type of Event: _____ Date(s): _____

Location of Event: _____

Address: _____

3. Person in Charge of the Organization

Name: _____

Department: _____

Telephone No.: _____ Facsimile No.: _____

4. On-Campus Sponsor/Advisor

Name: _____ Will he/she be attending the event? Yes No

Department: _____

Telephone No.: _____ Facsimile No.: _____

5. Beverage(s) to be Served*

Type of beverage(s) to be served: _____

Will beverage(s) be sold or complimentary? _____ If sold, Vendor's name: _____

CA Liquor License Number: _____ Expiration Date: _____

If alcoholic beverages are complimentary, state source of funds used to purchase: _____

**Student organizations must register their event with the
Center for Student Involvement
prior to submitting this request to the AVPAF.
Visit the University-Student Union (U-SU), Room 204, for more information.**

* Please note: Non-alcoholic beverages must be available at this event.



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Please answer all questions.

1. Number of expected attendees at this event: _____
2. Maximum number of occupants allowed at the location: _____
3. How will the number of guests be monitored to ensure that the maximum occupancy rate is not exceeded? (e.g., guest by invitation only): _____

4. Are all expected guests over the age of 21? Yes No

If not, identifications must be checked and guests over the age of 21 must be clearly identified to avoid serving alcoholic beverages to minors (e.g., guests 21 years of age or older will be given wristbands).
5. How will identification be checked? _____

6. For events providing complimentary alcoholic beverages, is bartender licensed? Yes No

6a. If so, provide name, CA liquor license number and expiration date.
Name: _____
CA Liquor License No.: _____ Expiration Date: _____

6b. If not licensed, provide name and age of person(s) serving alcoholic beverages (Must be 21 years of age or older).
Name(s) and Age(s): _____
7. Will food be available? (It is recommended that food be available.) Yes No
8. Will hired security be available? Yes No
9. Has campus police been notified of the event? (If not, they must be notified.) Yes No
10. Alcoholic beverages will be served from _____ (am pm) to _____ (am pm).

For events ending after midnight, alcohol service should discontinue at least one (1) hour prior to the conclusion of the event.

I have read Cal State L.A. Administrative Procedure 019 regarding the Use of Alcoholic Beverages on Campus and hereby agree to abide by the provisions stated therein. Also, I agree to comply with all local, State and Federal laws including those governing alcoholic beverage service, consumption and intoxication.

Note: Under California law, both the host and the beverage server are responsible for monitoring alcoholic intoxication.

Representative's Name (print)

Title

Signature

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OFFICE USE ONLY:

Request Received on: _____ Agreement Faxed on: _____ Notified on: _____

Associate V. P. for Administration and Finance: _____ Date: _____
Signature